## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 CFR 1.53(b)

	Attorney Docket No.:	JP920020132US1
Mail Stop Patent Application	Inventor(s):	Yoshida
Commissioner for Patents - P.O. Box 1450	Express Mail Label No.:	ER084534727US
Alexandria, VA 22313-1450	Customer No.:	24852
Title: DOCUMENT AUTOMATIC CLASSI		CESSARY WORD DETERMINATION
METHOD AND DOCUMENT AUTO		
ransmitted herewith is the patent application	as follows:	0
18 Page(s) Specification (w/o Claims & Abstr		Ĕ <b>~ =</b>
4 Page(s) Claim(s)		
1 Page(s) Abstract		
9 Page(s) Drawing(s)		X Informal: Discourse Unsigned: Discourse Unsi
2 Page(s) Declaration & Power of Attorney(s	Signed:	X Unsigned:
34 Page(s) TOTAL APPLICATION		<b>1</b> 25 <b>1 1 1 1 1 1 1 1 1 1</b>
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ccompanying Application Parts:  2   Page(s)   Assignment Papers	ASSIGNEE NAME: Intern	ational Business Machines Corporation
2 Page(s) Assignment Papers (cover sheet and document(s))	ASSIGNEE RESIDENCE:	
2 Page(s) Information Disclosure Statement	(IDS)/PTO-1449/Copies of IDS Citati	ons
(copies of citations not include		(if foreign priority is claimed)
35 Page(s) Certified Copy of Priority Docume	ent(s): 2002-301539	(if foreign priority is claimed)
2 Page(s) Application Data Sheet X Page(s) Return Receipt Postcard (MPEP 50	03) (Should be specifically itemized)	
41 Page(s) TOTAL ACCOMPANYING AP		
Tage(3)		
Continuation Prior Application Information: Serial Number: Divisional Applications only: Divisional Applications only: The entire dicated above, is considered a part of the disclosure of the afference. The incorporation can only be relied upon when a Claiming Priority of Provisional Application, Claiming priority of Provisional Application Series	disclosure of the prior application, for accompanying continuation or division portion has been inadvertently omitte check appropriate box and sur	Group Art Unit:  om which an oath or declaration is supplied as hal application and is hereby incorporated by d from the submitted application parts.
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Basic Fee Claims Total Claims 16 Independent Claims 4	Difference	Extra         Rate         Fees           \$7770.00         \$7770.00           0         \$18.00         \$ 0.00           1         \$86.00         \$ 86.00           0         \$290.00         \$ 0.00           TOTAL         \$ 856.00
Basic Fee Total Claims Independent Claims Aultiple Dependent Claims  X Please charge my Deposit Account No. 09-046	20= 4 1 23= 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$770.00 0 \$18.00 \$ 0.00 1 \$86.00 \$ 86.00 0 \$290.00 \$ 0.00 TOTAL \$856.00 (A duplicate copy of this sheet is attached.)
Basic Fee  Total Claims  Independent Claims  Multiple Dependent Claims  X Please charge my Deposit Account No. 09-046  X The Commissioner is hereby authorized to charge any overpayment to Deposit Account No. 09-046	20≡ 24 3= 1 30 in the amount of \$8 arge payment of the following fees 10460	\$770.00 0 \$18.00 \$ 0.00 1 \$86.00 \$ 86.00 0 \$290.00 \$ 0.00 TOTAL \$856.00 (A duplicate copy of this sheet is attached.)
Basic Fee  Total Claims  Independent Claims  Multiple Dependent Claims  X Please charge my Deposit Account No. 09-046  X The Commissioner is hereby authorized to charany overpayment to Deposit Account No. 09-046  X Any filing fees under 37 CFR 1.16 for the p  EXPRESS MAIL CERTIFICATE  I hereby certify that the above paper/fee is being deposited States Postal Service "Express Mail Post Office to Address CFR 1.10 on the date indicated below and is addressed to the state of the state	20= 4  3= 1  60 in the amount of \$8  rge payment of the following fees  0460  resentation of extra claims. X A  with the United see" service under 37	\$770.00  \$18.00 \$18.00 \$ 0.00  \$86.00 \$86.00  \$0 \$290.00 \$ 0.00  TOTAL \$856.00  60 (A duplicate copy of this sheet is attached.)  associated with this communication or credit
Basic Fee  Total Claims  Independent Claims  Multiple Dependent Claims  X Please charge my Deposit Account No. 09-046  X The Commissioner is hereby authorized to charany overpayment to Deposit Account No. 09-046  X Any filing fees under 37 CFR 1.16 for the p  EXPRESS MAIL CERTIFICATE  I hereby certify that the above paper/fee is being deposited States Postal Service "Express Mail Post Office to Address"	20= 4  1-3= 1  30 in the amount of \$8  Trigge payment of the following fees  10460  Tresentation of extra claims. X A  With the United see" service under 37  The Commissioner	\$18.00 \$0.00  \$18.00 \$0.00  \$1 \$86.00 \$86.00  \$0 \$290.00 \$0.00  TOTAL \$856.00  (A duplicate copy of this sheet is attached.)  associated with this communication or credit  my application processing fees under 37 CFR 1.17.  Respectfully Submitted,
Basic Fee  Total Claims  Independent Claims  Multiple Dependent Claims  X Please charge my Deposit Account No. 09-046  X The Commissioner is hereby authorized to charany overpayment to Deposit Account No. 09-046  X Any filing fees under 37 CFR 1.16 for the property of t	20≡ 4  3= 1  30 in the amount of \$8  arge payment of the following fees  30460  with the United see" service under 37  the Commissioner	\$770.00  \$18.00 \$ 0.00  \$18.00 \$ 0.00  \$86.00 \$ 86.00  \$ 1 \$86.00 \$ 86.00  \$ 290.00 \$ 0.00  TOTAL \$ 856.00  (A duplicate copy of this sheet is attached.)  associated with this communication or credit  my application processing fees under 37 CFR 1.17.  Respectfully Submitted,  Farrokh Pourmirzaie, Reg. No. 45,297